



Town of Delmar
 100 SOUTH PENNSYLVANIA AVENUE
 DELMAR, DELAWARE-MARYLAND 21875
 (302) 846-2664 & (410) 896-2777 FAX (410) 896-9055

Date: _____

APPLICATION# _____

TOWN OF DELMAR, MARYLAND

Application and Temporary Certificate for license of a rental unit.

- _____ Single Family Unit
- _____ Unit of Two-Family Residence
- _____ Unit of Multi-Family Residence
- _____ Unit of Apartment Building
- _____ Other _____

I, _____, the legal owner of the dwelling located at _____, do hereby apply for a license to rent the above dwelling unit in the **Town of Delmar, Maryland**. I understand that by this application, I give permission for inspection of the property to determine if this property is in compliance with **Ordinance 671** of the **Town of Delmar, Maryland**. This inspection may be performed without the necessity for obtaining any further permission or judicial warrant, except that the **Town of Delmar** will provide me and/or my tenant at least ten (10) days notice prior to any interior inspection or to require any tenant to allow entry for such inspection shall constitute sufficient reason for the denial or revocation of rental license or temporary certificate. **Owners are responsible for payment of the water bill and for grass-cutting. Any unpaid bills incurred by failure to assume responsibility for these duties will become a lien on the property.**

 Owner/Agent

Owner's Name: _____
 Address: _____
 Phone: _____

Agent's Name: _____
 Address: _____
 Phone: _____

Tenant's Name: _____
 Number of people living in dwelling: _____
 Phone: _____

Upon signature below, this application shall serve as a temporary certificate pending inspection and license, as provided by the Town of Delmar, Maryland.

 City Manager/Designee

**MARYLAND DEPARTMENT OF ENVIRONMENT (MDE)
LEAD POISONING PREVENTION PROGRAM LOCAL GOVERNMENT RENTAL
REGISTRY CHECKLIST**

In order to aid all local government agencies that have their own local rental registry programs in meeting the statutory requirements of Article 24, Political Subdivisions, 18-101, MDE has included a helpful checklist that should streamline the process. MDE's Lead Poisoning Prevention Program recommends that your agency use this form and determine the following prior to authorizing renting or leasing residential property.

Complete for each dwelling unit.

1) Is the residential property an "affected property", i.e., residential rental property built before 1978? YES NO

2) Property Owner's Name: _____
Address: _____

3) Property Address: _____

4) If the answer to #1 above is "NO", give reason (e.g., post 1949, lead free)?

*****If answer to #1 is "NO", proceed no further.*****

5) If "YES" to #1 above, has the property been registered? YES NO

6) If "YES" to #1 above, is the property registration renewal current for this year? YES NO

7) Provide the tracking number (formerly referred to as the owner registration number).

8) Did the current tenant move in on or after 2/24/1996? YES NO

9) If "YES" to #8, provide the Lead Inspection Certificate Number for the current tenancy as required under §6-815 (c) of the Environment Article.

10) After 2/24/2006, all affected properties in which a person at risk resides or regularly spends 24 hours per week, and of whom the owner has been notified in writing, must satisfy the risk reduction standard specified in §6-815 (a) of the Environment Article. A person at risk is a child under the age of 6 years or a pregnant woman.

Copy of statement of compliance attached. YES NO